

EVALUATION OF PRIVILEGES - NURSE MIDWIVES		PERIOD		DATE		
For use of this form, see AR 40-68; the proponent agency is OTSG		FROM		TO		
RATED BY		PRIVILEGES PERFORMED BY		TREATMENT FACILITY		
TITLE						
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Clinical Privileges (Check)						
1. Medical, contraceptive, obstetric, and family history.						
2. Physical examination.						
3. Return prenatal evaluation.						
4. Evaluation and examination for admission to labor ward.						
5. Postpartum ward visits and examinations.						
6. Postpartum clinic examination.						
7. Family planning examination.						
8. Interconceptual well-woman gynecologic examination.						
9. Manage the care of normal (<i>low-risk</i>) antepartum patients in accordance with nurse-midwifery protocols (<i>attach</i>).						
10. Determine need for and manage admission to the Labor Ward.						
11. Manage the care of normal (<i>low-risk</i>) labor and delivery per nurse-midwifery protocols (<i>attach</i>).						
12. Manage the care and discharge of uncomplicated postpartum patients.						
13. Manage the care of women at the 6-week postpartum visit.						
14. Manage care of women seeking contraceptive advice and interconceptual well-woman gynecologic care.						
15. Prescribe and/or order administer TAB approved medications (<i>attach listing</i>).						
16. Referral to other medical, nursing, or social services.						
17. Orientation to prenatal care.						
18. Preparation for childbirth and breastfeeding.						
19. Postpartum self-care and infant care instruction.						
20. Contraception counseling.						
21. Other (<i>Specify</i>).						
Diagnostic Procedures (Check)						
1. Clinical pelvimetry.						
2. Pap smear for cytology.						
3. Wet smear and microscopic examination.						
4. Collection of culture specimens for laboratory examination.						
5. Ordering of selected laboratory, X-Ray, and ultrasound studies (<i>per attached protocols</i>).						
6. Conduct and interpret Electronic Fetal Monitoring (<i>NST, OCT, intrapartum surveillance</i>).						

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Intrapartum Procedures (Check)						
1.	Vaginal examinations.					
2.	Start intravenous fluids.					
3.	Amniotomy.					
4.	Placing internal fetal and uterine monitoring devices.					
5.	Augmentation of dysfunction labor with Oxytocin.					
6.	Local perineal anesthesia.					
7.	Pudendal block.					
8.	Episiotomy and repair (midline and medio-lateral).					
9.	Normal spontaneous vaginal delivery from OA or OP positions.					
10.	Cervical inspection.					
11.	Repair lacerations:					
a.	Cervical					
b.	Third degree					
c.	Fourth degree					
d.	Vaginal					
e.	Labial and Periurethral					
12.	Manual removal of placenta.					
13.	Uterine exploration and gauze "curettage".					
14.	Bimanual compression for postpartum hemorrhage.					
Outpatient Procedures (Check)						
1.	Select and prescribe oral contraceptives.					
2.	Select and fit cervical diaphragm.					
3.	Select and insert intrauterine contraceptive device for parous women.					
4.	Removal of intrauterine device.					
5.	Treatment for minor gynecologic problems in accordance with Nurse-Midwifery protocols (attach).					
Other Privileges (Specify)						

COMMENTS (Borderline and unacceptable ratings will be addressed.) (Use reverse if needed.)

RATER'S SIGNATURE	DATE
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